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Office Hours:  
Mon-Fri: 8 am-4 pm

**INCOMPLETE  
APPLICATIONS  
WILL BE RETURNED**

*All MLTs renewing in NS must complete and return the 2012 NSCMLT application.*

*If you will not be renewing for 2012, please include your NSCMLT member number and name in the Personal Information section and then complete the Non-Renewal box, of the Renewal Information section, on the reverse page.*

**The NSCMLT office  
will close for the  
holidays at 4pm  
Friday, December  
16<sup>th</sup>, 2011.**

**The office reopens  
8am, Tuesday  
January 3<sup>rd</sup>, 2012**

**Nova Scotia College of Medical Laboratory Technologists**  
**2012 Application for License Renewal**  
**Deadline: November 30<sup>th</sup>, 2011**

**Personal Information**

**NSCMLT Membership No.:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City / Town:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Home Phone No.:** \_\_\_\_\_ **Email:** \_\_\_\_\_

*Please indicate most current email address as the NSCMLT will be going electronic in 2012*

**Employment Information**

**Employment:** (District) \_\_\_\_\_ (Facility) \_\_\_\_\_  
*If you do not work in a DHA please enter only name of employer (i.e. Precision BioLogic, CBS, etc.)*

**Work Phone No.:** \_\_\_\_\_ **Multiple Employment Sites:** Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, indicate name of additional site(s):* \_\_\_\_\_

**Employment Type:** Permanent \_\_\_\_\_ **Employment Status:** Full-time \_\_\_\_\_  
Temporary \_\_\_\_\_ Part-time \_\_\_\_\_  
Casual \_\_\_\_\_  
Self Employed \_\_\_\_\_ **Usual Weekly Hours Worked** \_\_\_\_\_

**(check all that apply)**

**Areas of Practice:**

Diagnostic Cytology _____	Clinical Genetics _____
Haematology _____	Clinical Chemistry _____
Histology _____	Immunology _____
Microbiology _____	Specimen Procurement Receipt & Dispatch _____
Point of Care Testing _____	Blood Transfusion Science _____
Clinical Preceptor/ Educator _____	Other _____

*(indicate if full time or part time)*

**Main Area of Practice:** \_\_\_\_\_

**Second MLT Employment:** Yes \_\_\_\_\_ No \_\_\_\_\_  
*If yes, please indicate:*

Facility: \_\_\_\_\_

All areas of practice from list above: \_\_\_\_\_

Main area of practice: \_\_\_\_\_

## Renewal Information

### Payroll Deductions for 2012 dues

NSCMLT members who have been removed or will be removed from payroll or MLTs who wish to join payroll MUST contact the NSCMLT office by email before November 15<sup>th</sup>, 2011.

**The NSCMLT accepts CHEQUE or MONEY ORDER only**

We are currently not set up to accept debit or credit card payments

Payments made payable to the NSCMLT

### Regarding 2012 Renewal Date

\*Applications post marked December 16<sup>th</sup>, 2011 onwards will not be reviewed until 2012.

Applications post marked January 1<sup>st</sup>, 2012 onwards will be subject to the reinstatement fee of \$50.00

Licenses are invalid after December 31<sup>st</sup>, 2011

**As of January 1<sup>st</sup>, 2012, former members who have not renewed are LEGALLY not permitted to practice in NS**

### Payroll Members (CDHA & IWK)

Dues paid by payroll deduction: \_\_\_\_\_

**(NOTE: Payroll members are NOT exempt from late fees if renewal is submitted after the deadline. See dates below for corresponding fees if required.)**

### Non-Payroll Members

**Practising:** On or before November 30<sup>th</sup>, 2011 \$200.00 \_\_\_\_\_  
December 1<sup>st</sup>-15<sup>th</sup>, 2011 \$215.00 \_\_\_\_\_  
December 16<sup>th</sup> onwards\* \$230.00 \_\_\_\_\_

**Non-Practising:** On or before November 30<sup>th</sup>, 2011 \$75.00 \_\_\_\_\_  
December 1<sup>st</sup>-15<sup>th</sup>, 2011 \$90.00 \_\_\_\_\_  
December 16<sup>th</sup> onwards\* \$105.00 \_\_\_\_\_

**Retired:** \$25.00 \_\_\_\_\_

### Professional Liability Insurance (PLI)

Please indicate from the below list of acceptable proofs of PLI which you will be submitting

**Copy of 2012 CSMLS Active or Affiliate membership card (must attach)** \_\_\_\_\_

**Copy of CSMLS 2012 online renewal receipt (must attach)** \_\_\_\_\_

**Copy of processed cheque from CSMLS indicating payment of Active or Affiliate membership (must attach)** \_\_\_\_\_

**My name will appear on a 2012 CSMLS processed membership list (lists are sent to the NSCMLT from CSMLS indicating which members have been processed)** \_\_\_\_\_

**On payroll deduction through CDHA, IWK, or CBS** \_\_\_\_\_

**CSMLS 2012 renewal fee made by Debit payment (please indicate the date renewal fee was sent to CSMLS)** \_\_\_\_\_

### Declaration

- I am in good standing in the practice of Medical Laboratory Technology and I am not under investigation for my professional conduct by either the College or my Employer.
- I have not been and am not currently the subject of any disciplinary proceedings by either the College or my Employer.
- I have not been convicted of any criminal offence.
- I am competent in both written and oral English.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Non-Renewal

first name, last name, and NSCMLT number must still be filled in on the first page if not renewing

I will not be renewing my license due to the following reason: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_